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ABSTRACT

The historical background, information, and proposed policies and procedures for the special education services of the Michigan Department of Education are set forth. The status of each of the following programs is considered: physical and health handicaps, aurally handicapped, visually handicapped, educable and trainable retarded, emotionally disturbed, and speech handicapped. Also discussed are the status and objectives of the curriculum resource consultant program and of directors and supervisors of special education. Appendixes include statistical information, rules and regulations, an evaluation instrument for programs for the hearing impaired, a directory of 1969-70 special education programs, and an administrative guide for 1970-71. (RJ)

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SPECIAL EDUCATION SERVICES

OF THE

MICHIGAN DEPARTMENT OF EDUCATION

Historical Background, Information, and
Proposed Policies and Procedures for 1970-71 for:

*Programs for the Physically Impaired

*Programs for the Mentally Handicapped

*Programs for the Emotionally Disturbed

*Supplementary Services to Special Education Programs

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State Board of Education

Lansing, Michigan

September 22, 1970

EC031973

ED048701

Michigan Department of Education

M E M O R A N D U M

September 22, 1970

TO: Members of the State Board of Education

FROM: John W. Porter, Chairman

SUBJECT: Special Education Services for 1970-71

This is a report which brings into one document the historical background, information, and proposed policies and procedures for the special education services of the Michigan Department of Education for 1970-71.

The introduction in this report provides an overview, whereas the appendices present pertinent information that is not only supportive of the report itself but should be of special interest to the State Board of Education for background information concerning the several special education programs.

Recommendation

I recommend that the State Board of Education approve the report entitled "Special Education Services of the Michigan Department of Education" which report includes, among other information, proposed policies for the Department of Education for fiscal year 1970-71.

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INTRODUCTION

The field of special education is complex and multi-dimensional. Special education encompasses the three broad categories of physical, mental, and emotional conditions which make it difficult or impossible for the handicapped child to benefit from a regular school program. In the past, specific special education programs were developed to serve only one segment of the handicapped population. The current trend is to recognize the overlapping nature of these problems and to develop new programs which eliminate duplication of services and provide comprehensive services for all handicapped children whatever their handicap.

The staff of the Michigan Department of Education, with the advise and council of the State Advisory Committee for Special Education is currently developing a state plan for special education services. This plan, when adopted by the State Board of Education, will make recommendations for changes in programs to assure that each handicapped child in Michigan receives the educational services he needs to become an active, contributing citizen. Program content and evaluation, administrative rules and procedures, and personnel development will all be included. General and specific objectives will be stated in testable terms so that evaluation of special education programs will be possible.

The need for evaluation of special education programs is evident. Due to the shortage of programs in relation to the need, the emphasis has been on increasing the quantity of services. However, now that the development of personnel and financial resources appear to be approaching the need, we must begin to look at the quality of existing programs. The new state plan for special education will set forth specific criteria for evaluation of existing programs and provide guidelines for development of quality programs for handicapped children in the future.

One of the facets of the evaluation of special education programs will be

a change from the traditional consultant role of the Division of Special Education personnel. The role of the Michigan Department of Education should be made to conform with Section 340.780.1 of the School Code of 1955 which gives the State Board of Education the power of general supervision of all special education programs.

Another important facet of evaluation is the legal assignment of responsibility for providing educational programs for handicapped children. When responsibility is delineated, the responsible agency or agencies can be held accountable for delivery of quality service. The recommendations in the new state plan for special education will deal explicitly with these facets of program evaluation.

The objective of the Michigan Department of Education for 1970-71 is to complete, for the consideration of the State Board of Education, the state plan for special education which will contain the following elements:

1. Definition of the role of the Michigan Department of Education in providing special education services.

2. Revision of rules and regulations for special education services.

3. Recommendation of guidelines for program operation and evaluation to assure quality as well as quantity.

4. Recommendation of measures which would delineate legal responsibility for provision of educational services to handicapped children.

5. Recommendation of future patterns for personnel development.

The following sections of this report present the historical background, present program status, and objectives and strategies for 1970-71 for each of four general categories of special education services. The appendices present supporting information.

CHAPTER I

PROGRAMS FOR PHYSICALLY HANDICAPPED CHILDREN

Historical Background

Prior to the mid 1850's, the physically handicapped of Michigan were not considered to be an educational responsibility of the schools. A cerebral palisied, deaf, or blind child was generally considered a just rebuke for parental sins. He was, therefore, alternately ridiculed, feared, abused, neglected, or hidden by parents.

In the latter half of that century state institutions emerged, largely for the provision of custodial care. Along with a developing trend toward humane treatment, educational goals were conceived.

It was not until the close of World War I that cities in Michigan began to assume the responsibility of establishing segregated schools and classes for physically handicapped children. Handicaps acquired an improved social status, and rehabilitation efforts were greatly increased, in part due to the presence of the physically handicapped veterans of four wars in this century. Parental pressures and private agencies also helped alter attitudes, influence legislation, and promote public school programs.

PHYSICALLY HANDICAPPED: CRIPPLED AND OTHERWISE HEALTH IMPAIRED

Program Status

The concept of the physically handicapped as normal individuals with some degree of functional impairment has been developed and continues to grow. In the majority of cases successful integration into the community may be achieved with the proper consultant help, and the provision of auxiliary therapies - physical, occupational, speech. The program which the Michigan Department of Education pioneered with Flint in 1964 inaugurated the use of teacher counselors for the physically handicapped. Such teacher counselors had at least three years of teaching experience and a major in study of the deaf, blind, or crippled. Pupils were enrolled in regular classes, with the teacher counselor serving as a referral agent.

Special Class Programs

Integration: Integration into regular school programs is desirable for all physically handicapped children, including those in special classes and schools. For children with physical or functional limitations, the education process is in many cases identical to that of his unimpaired peers. The physically handicapped child must, therefore, be considered a full-fledged member of the regular school program with additional services related to his handicap. Public Act 1, of 1966 requires the elimination of architectural barriers which have kept crippled children out of the public schools.

This legislation is having an impact on the accessability of educational programs. However, unenlightened attitudes still present the most formidable barriers.

Classes located in regular schools may ideally function as resource rooms, the special education teacher spending her time in ways in which her particular background has unique value. Children are no longer deprived of the solid subject-matter background of the regular school staff, particularly important on the secondary level.

The Changing Nature of the Population: In addition to the "crippled" with "bone, muscle, and joint" impairment, the physically handicapped category includes the "Otherwise Health Impaired" which include the cardiac, asthmatic, epileptic, diabetic, and other children suffering from chronic ailments. Missing from today's classrooms is the former heavy population of poliomeyelitis victims. However the number of multiple handicapped children have increased. Mental and emotional handicaps are associated with one or more physical handicaps in many instances. Through federal assistance Title VI-A, E.S.E.A., 89-750 of 1965, thriteen centers for the multiple handicapped were inaugurated throughout Michigan in 1969-70 and the number of these programs is expected to increase.

The Learning Disabled: The needs of another group of children, the learning disabled, have become increasingly demanding of the attention of educators. A few experimental classes have been inaugurated for children whose learning problems are severe. These classes emphasis perceptual development. There is an obvious necessity to restructure educational programs for these children in a highly individualized manner. Concern for the learning disabled has been clouded by nationwide confusion as to definition and to percentage of incidence, as well as the unique challenge presented by each learning disabled child. Since some degree of this type of impairment may be present in a fourth or more of the total school population to this day it has been the philosophy of those in the field of special education to assume only tentative and experimental responsibility for these programs.

In 1969 the National Advisory Committee on Handicapped Children of the United States Office of Education developed the following definition as a clarification of the identity of children with learning disabilities:

> "Children with special learning disabilities exhibit a disorder in one or more of the basic psychological process involved in understanding or in using spoken or written language. These may be manifested in disorders of listening, thinking, talking, reading, writing, spelling, or arithmetic. They include conditions which have been referred to as perceptual handicaps, brain injury, minimal brain dysfunction, dyslexia, developmental aphasia, etc. They do not include learning problems which are due primarily to visual, hearing, or motor handicaps, to mental retardation, emotional disturbance, or to environmental disadvantage."

Conceivably, a small "hardcore" percentage of this group may always be the legitimate responsibility of special education on the basis of organic impairment. However, the responsibility for the education of those with learning disabilities not attibuted to organic impairment probably lies outside the field of special education.

Homebound-Hospitalized Services

The homebound-hospitalized service is one through which a teacher

serves physically disabled children confined at home or in the hospital. This teacher serves as many as twelve children for a minimum of two hours a week. Some sophisticated variations of this program, such as the tele-teaching pioneered in Oakland County, have been successfully employed in a number of districts both rural and urban.

Homebound teaching is often a very effective service and it is usually a highly appreciated one. However, it is not to be considered a full school program, and it should be utilized only on an emergency basis, or for children with a very poor physical prognosis and severe physical limitations at the time of referral.

There have always been a few pregnant school girls included in the homebound teaching load. There is a new recognition of the fact that the needs of these girls, include academic credits, but extends much further than that. Consequently, several of the larger cities of the state now minimally support and foster comprehensive centers which offer educational, health, and social services. A few homebound-hospitalized teachers have been used in these new settings, but the bulk of this responsibility rests with general education.

During the 1969-70 school year it was estimated that there were 12,227 school age crippled and otherwise health impaired children in Michigan. This estimate was based on the incidence rate of .005 used by the U.S. Office of Education. A more accurate estimate of the number of crippled and otherwise health impaired children in need of service will be available as a result of the statewide survey of handicapped children mandated by Public Act 220 of 1969.

The following table indicates the number of crippled and otherwise health impaired students served and the number of professional personnel employed by local and intermediate school districts in the 1969-70 school year.

Program or Service	Students Served	Professional Employed
Teacher Counselor Service	1,403	64
Classroom Programs	2,922	243
Homebound-Hospitalized Service	1,551	161
TOTAL	5,876	468

State reimbursement for classroom programs for crippled children in 1969-70 was based on 75% of the salary of each special class teacher or four school aid memberships per child served whichever was the least.

State reimbursement for teacher counselor and homebound-hospitalized teacher service was based on 75% of the salary of each professional personnel or $7,700 whichever was the least.

For the 1969-70 school year $3,863,682 was paid by the state to local and intermediate school districts for the operation of programs and services for crippled and otherwise health impaired children.

In the 1970-71 school year, reimbursement of programs and services for crippled and otherwise health impaired children will be based on 75% of the salary of each professional staff member or $8,100 whichever is the least.

Evaluation:

No formal statewide evaluation of the programs and services for crippled and otherwise health impaired children in local school districts has been made. There is a need for such an evaluation which could be accomplished through follow-up procedures in the implementation of Public Act 220 of 1969.

Objectives and Strategies for 1970-1971

The objectives of the Michigan Department of Education for programs and services for crippled and otherwise health impaired children are as follows:

1. Communication: To increase communication between the various departments of state government within the Michigan Department of Education itself, and between the Michigan Department of Education and local and intermediate school districts concerning the education of the handicapped.

2. Implementation: To implement 1969-70 legislation designed to improve the education of the physically handicapped.

3. Inservice: To update educational approaches and practices in the field through inservice education activities.

4. Problem Solving: To focuse upon certain identified problems including the following:

a) Inadequate educational opportunities for the physically handicapped at the high school and college levels.

b) Insufficient preschool diagnostic and enrichment service.

c) Lack of physical therapy and occupational therapy services for more than half of the children identified who might benefit from them.

d) Lack of clarity as to the proper role of the school districts in serving youth with problems newly in focus (e.g., the learning disabled, the teen-age parent).

The strategies of the Michigan Department of Education for implementation of the preceding objectives for programs and services for crippled and otherwise health impaired children are as follows:

1. Communication:

a) Maintain and foster contacts with the Michigan Department of Health and personnel in each of the various services within the Michigan Department of Education through joint planning for conferences and institutes.

b) Utilize the provisions of Public Act 18 which requires a visitation by the Michigan Department of Education staff, as a medium of communication and program evaluation.

c) Explore avenues of improvement with school districts as they analyze their P.A. 220 findings.

d) Sponsor and organize conferences dealing with problems in special education and assist local and intermediate school districts in sponsoring conferences.

2. Implementation: To implement Section 12 of the 1970-71 State School Aid Act, the Michigan Department of Education will:

a) Develop means by which equipment for the physically handicapped (1) may be funded and (2) the districts be held accountable for it. (Section 12, State School Aid Act of 1970)

b) Promote the experimental use and development of new items of cybernetic equipment designed to enable multiple and severely handicapped individuals to communicate with others by acting as a link between the Cybernetics Research Institute and local districts.

3. Inservice:

a) Assist local inservice programs focusing on the 14 districts employing 3 or more orthopedic classroom teachers.

b) Make personal contacts with teachers of the physically handicapped in local districts including both face-to-face and written communication.

c) Utilize federal assistance (P.L. 85-926) in providing institutes for indepth study of problems such as the utilization of new types of equipment.

4. Problem Solving:

a) Foster and publicize preschool evaluation programs in public schools and clinical setting. (Wyoming preschool, Beaumont Hospital)

b) Explore the possibility of the development of high school services at Ferris State College and in the local districts.

c) Continue to promote the elimination of architectural barriers.

d) Work with training institutions to increase the recruitment and training of occupational therapists and physical therapists.

e) Launch a state task-force to define roles and clarify procedures in order to meet the needs of learning disabled children of this state.

f) Cooperate with the Michigan Association for School Age Parents and move toward clarification of the role of the Michigan Department of Education in the provision of educational programs for pregnant girls.

g. Continue to encourage integration of physically handicapped children into regular school programs through the use of additional teacher counselor services.

h. Promote the integration of physically handicapped children into regular school programs by development of a education program to affect the attitude of non-handicapped.

AUDITORILY HANDICAPPED: DEAF AND HARD OF HEARING

Program Status

During the 1969-70 school year it was estimated that there were 12,227 school age auditorily handicapped children in Michigan. This estimate was based on the incidence rate of .005 used by the U.S. Office of Education. A more accurate estimate of the number of auditorily handicapped children in need of service will be available as a result of the statewide survey of handicapped children mandated by Public Act 220 of 1969.

The following table indicates the number of auditorily handicapped students served and the number of special class teachers and teacher-counselors employed by local and intermediate school districts in the 1969-70 school year.

Program or Service	Students Served	Professional Employed
Deaf		
Special Class Program	574	71
Teacher Counselor Service	50	19
Hard of Hearing		
Special Class Program	1,342	167
Teacher Counselor Service	159	27
TOTAL	2,125	284

In addition to the above, 405 auditorily handicapped children are served by 57 professional personnel in the Michigan School for the Deaf.

State reimbursement for classroom programs for auditorily handicapped children for 1969-70 was based on 75% of the salary of each special class teacher or 4 school aid memberships per child served whichever was the least.

State reimbursement for teacher counselor service was based on 75% of the salary of each teacher counselor or $7,700 whichever was the least.

For the 1969-70 school year $1,892,118 was paid by the state to local and intermediate school districts for the operation of programs and services for auditorily handicapped children.

In the 1970-71 school year, state reimbursement of programs and services for the auditorily handicapped children will be based on 75% of the salary of each professional staff member or $8,100 whichever is the least.

Evaluation

Self-evaluation by local administrators of special education programs for the hearing impaired was done on a voluntary basis this year. The instrument used is presented in Appendix C. Schools used this instrument with parents, teachers, administrators. The Michigan Department of Education consultant for the hearing impaired aided these schools in their self-evaluation. Trial with this instrument suggests that improved educational services could result from its statewide use.

Objectives and Strategies for 1970-1971

The objectives of the Michigan Department of Education for programs and services for auditorily impaired children are as follows:

1. Early Intervention:
   a) To identify all children with hearing impairment at as young an age as possible.
   b) To increase the number of educational programs to train mothers of auditorily impaired children in child development and the use of auditory training and language development methods.
   c) To increase counseling and guidance services for auditorily impaired students and their parents.

2. Curriculum: To develop a sequential curriculum for auditorily impaired students from preschool through high school with emphasis on language development and communication skills.

3. Assessment: To develop a method for assessing the academic and behavioral growth of pupils with hearing impairment.

4. Inservice Training: To increase the number and quality of professional personnel trained to teach auditorily impaired children.

The strategies of the Michigan Department of Education for implementation of the preceding objectives for programs and services for auditorily impaired children are as follows:

1. Early Intervention:
   a) Encourage local and intermediate school districts to provide diagnosis, early intervention, and follow-up for children who do not develop communication skills normally.
   b) Urge local and intermediate school districts to develop home training programs for preschool auditorily impaired children and their parents.

c) Aid local and intermediate school districts in the development of clinical services for severely auditorily impaired children.

2. Curriculum:

a) Aid local and intermediate school districts in the establishment of a realistic sequential curriculum for auditorily impaired children which emphasizes language development and communication skills.

b) Aid local and intermediate school districts in the development of a few pilot centers to develop instructional media specificly for use with auditorily impaired students.

c) Follow-up the linguistic institute held under provisions of Public Law 85-926 in 1970 to evaluate the impact of this institute on classroom programs in local districts.

3. Assessment:

a) Develop criteria for assessing the academic, social, and behavioral growth of auditorily handicapped students.

b) Develop a method for assessing the academic growth of auditorily impaired students.

4. Inservice Training:

a) Sponsor an institute on preschool development of communication skills.

b) Sponsor an institute on methods and programs for retarded and auditorily impaired children.

c) Sponsor a statewide conference on language development.

d) Assist local and intermediate school districts in sponsoring the conference on educational services for the auditorily impaired. (October 29 and 30, 1970 at Grand Haven.)

e) Assist local and intermediate school districts with inservice training programs for teachers of the auditorily impaired.

f) Prepare bibliographies on linguistics and research in communication skills for teachers of the auditorily impaired.

g) Stimulate a state university to sponsor a joint conference for audiologists and teachers of the auditorily impaired.

VISUALLY HANDICAPPED: BLIND AND PARTIALLY SEEING

Program Status

During the 1969-70 school year it was estimated that there were 2,445 school age visually handicapped children in Michigan. This estimate was based on the incidence rate of .001 used by the U.S. Office of Education. A more accurate estimate of the number of visually handicapped children in need of service will be available as a result of the statewide survey of handicapped children mandated by Public Act 220 of 1969.

The following table indicates the number of visually handicapped students served and the number of professional personnel employed by local and intermediate school districts in the 1969-70 school year.

Program or Service	Students Served	Professional Employed
Blind		
Special Class Programs	205	27
Partially Seeing		
Special Class Programs	478	63
Teacher Counselor Service	94	12
TOTAL	1,107	150

In addition to the above, 330 visually handicapped children are served by 48 professional personnel at the Michigan School for the Blind.

State reimbursement for classroom programs for visually handicapped children for 1969-70 was based on 75% of the salary of each classroom teacher or 4 school aid memberships per child served whichever was the least.

State reimbursement for teacher counselor service was based on 75%

of the salary of each teacher counselor or $7,700 whichever was the least.

For the 1969-70 school year $978,567 was paid by the state to local and intermediate school districts for the operation of programs and services for visually handicapped children.

In the 1970-71 school year, state reimbursement of programs and services for visually handicapped children will be based on 75% of the salary of each professional staff member or $8,100 whichever is the least.

Integration and Planning: A majority of legally blind children retain some vision. Integration is now a realistic possibility for many of them, as well as for those with partial vision, providing supportive services and appropriate materials are available. Teacher counselor services are essential to the successful integration of visually handicapped students. Several positive factors are being developed which will further aid integration of these students:

1. Low vision aids and electronic travel aides are becoming much more sohpisticated. As their use increases, the physical limitations of blindness will diminish even more.

2. Improved techniques for utilizing residual vision are rapidly being developed.

3. Multi-sensory approaches to education are being explored for use with children with minimal brain dysfunction, as well as blind and deaf.

Sensitivity to these trends calls for careful and intelligent planning by administrators on all levels. The inclusion of reimbursement for equipment and materials for visually handicapped, Section 12 of the State Aid Act of 1970, was a most appropriate step at this time when the availability of new equipment and materials can make such a significant difference in programming, particularly for older youth.

Special techniques and materials will remain necessary factors in the education of blind children. Therefore, the necessity for small groups

and individualized approaches for all or part of the child's educational career will continue. With the utilization of the techniques now being developed, integration of the blind may well be accomplished earlier and to a greater degree.

During the school year of 1969-70 a series of dialogs were conducted between the staff members of the Division of Special Education and the staff of the Michigan School for the Blind. These discussions were held in an effort to plan intelligently and re-evaluate the responsibilities for serving the visually handicapped children of Michigan. The importance of such cooperative planning can hardly be overestimated. Visually impaired children in other state institutions should also be considered in the total educational plan.

Evaluation

No formal statewide evaluation of the programs and services for the visually handicapped in local school districts has been made. There is a need for such an evaluation which could be accomplished through follow-up procedures in the implementation of Public Act 220 of 1969.

Objectives and Strategies for 1970-1971

The objectives of the Michigan Department of Education for programs and services for the visually handicapped are as follows:

1. Communication: To increase communication between the various departments of state government, within the Michigan Department of Education itself, and between the Michigan Department of Education and local and intermediate school districts concerning the education of the visually handicapped.

2. Implementation: To implement 1969-70 legislation designed to improve the education of the physically handicapped.

3. Inservice: To update educational approaches and practices in the field through inservice education activities.

4. Problem Solving: To focus upon certain identified problems including the following:

a) Inadequate educational opportunities for the visually handicapped at the high school and college levels.

b) Insufficient preschool diagnostic and enrichment service.

c) Lack of evaluation of programs and services for the visually handicapped.

d) Lack of clarity as to the responsibility of school districts in serving youth with visual handicaps.

The strategies of the Michigan Department of Education for implementation of the preceding objectives for programs and services for visually handicapped children are as follows:

1. Communication: Increase the number of contacts with the Health Department and the Michigan School for the Blind concerning the responsibility for identification and service. The desirability of having a staff member jointly funded by Health and Education Departments has been tentatively suggested by the Health Department. This individual could promote and coordinate services to the preschool blind.

2. Implementation: Prepare instructions for implementation of Section 12, State Aid Act of 1970, set up criteria for distribution of funds, and develop fiscal and data processing procedures for this operation. Establish accountability in both the distribution and the use of equipment.

3. Inservice:

a) Co-sponsor with the Health Department a P.L. 85-926 Institute for parents of rural preschool blind for September, 1970.

b) Renew contacts with parents of urban preschool blind, with whom two statewide meetings were held early in 1970.

c) Help plan and participate in an intra-state institute in March, 1971 to develop leadership in the utilization of

residual vision in educational programming for the visually handicapped.

d) Develop plans for state institute as a result of the intra-state institute.

4. Problem Solving:

a) Encourage local and intermediate school districts to provide sequential educational programs for visually handicapped children from preschool through high school.

b) Encourage intermediate school districts and the Michigan School for the Blind to establish regional diagnostic and enrichment service centers.

c) Preparation of an evaluation instrument for local and state school educational programs for the visually handicapped. This would be a guide to self-evaluation of services, similar to that inaugurated in 1969 for the deaf.

d) Dissemination and discussion of 14 policy statements issued by the American Foundation for the Blind concerning the responsibilities of parents, agencies and the general community in the delivery of service to the visually handicapped.

CHAPTER II

PROGRAMS FOR MENTALLY HANDICAPPED CHILDREN

Historical Background

The Michigan School Code was amended in 1949 by Public Act 214 to permit local schools to serve the mentally handicapped and to reimburse these programs and services. Educable mentally handicapped children were to be considered educable and potentially socially competent. The educable mentally handicapped population is estimated to be approximately 2 percent of the total school population. Diagnostic services were to be provided by school diagnosticians with a required minimum preparation. Other school personnel were suggested as members of a screening committee to participate in placement decisions and educational planning for mentally handicapped children. In addition to special classes, a program of teacher consultant service was suggested in situations where special classes were not provided or not advisable.

In 1951-52, a reinterpretation of the program for mentally handicapped children was broadened to provide for children who were considered potentially only partially socially competent. In Michigan, these children are designated as trainable. Children under this program are educated in separate classes rather than in classes with those more socially competent. Program growth was slow partially due to the reluctance of many educators to acknowledge the appropriateness of public school programs for children whose measured intelligence was substantially below normal.

With the passage of Public Act 221 in 1962 the availability of school sponsored programs for trainable children was greatly increased. The programs authorized by Public Act 221 are defined by R340.921.928 in the 1966 administrative code. In general, they allow for an intermediate school district to contract with a local public school district to operate a program for the trainable mentally handicapped. If local districts do not

cooperate, the intermediate school district has the option of operating this classroom program themselves. Increased financial subsidy, increased age limit eligibility, and reduced teacher qualification for temporary approval resulted in rapid growth in numbe of trainable children served by public schools. It is interesting to note that the public school's acceptance of these children was not fostered internally. The direct pressure on the legislature and school officials by the parents of these children brought about their inclusion in public school programs.

EDUCABLE MENTALLY HANDICAPPED

Program Status

During the 1969-70 school year it was estimated that there were 48,912 school age educable mentally handicapped children in Michigan. This estimate was based on the incidence rate of .02 used by the U.S. Office of Education. A more accurate estimate of the number of educable mentally handicapped children in need of service will be available as a result of the statewide survey of handicapped children mandated by Public Act 220 of 1969.

The following table indicates the number of educable mentally handicapped students served and the number of professional personnel employed by local and intermediate school districts in the 1969-70 school year.

Program or Service	Students Served	Professional Employed
Special Class Program (Type A)	30,406	2,148
Teacher Consultant Service (Type C)	4,200	168
TOTAL	34,606	2,316

State reimbursement for educable mentally handicapped classroom programs for 1969-70 was based on 75% of the salary of each Type A teacher or two school aid memberships per student served whichever was the least.

State reimbursement for Type C, teacher consultant service was based

on 75% of the salary of each teacher consultant or $7,700 whichever was the least.

For the 1969-70 school year $11,061,241 was paid by the state to local and intermediate school districts for the operation of programs and services for educable mentally handicapped.

In the 1970-71 school year, state reimbursement of programs and services for educable mentally handicapped children will be based on 75% of the salary of each professional staff member or $8,100 whichever is the least.

Teacher Consultant Service (Type C)

The teacher consultant program for the mentally handicapped provides an itinerant type of service. The various types of itinerant services that currently operate are sponsored by either intermediate or local school districts.

The two basic types of services rendered by the teacher consultant to the educable mentally handicapped are:

A. Tutorial Services - entails regularly scheduled meetings with educable children who are assigned to adjusted general education classes.

B. Coordinating and/or cooperating in work experience programs and skills training with Vocational Rehabilitation Agreements and Vocational Education Special Needs Projects.

Evaluation

No formal statewide evaluation of the programs and services for the educable mentally handicapped in local school districts has been made. There is a need for such an evaluation which could be accomplished through follow-up procedures in the implementation of Public Act 220 of 1969.

Objectives and Strategies for 1970-1971

The objectives of the Michigan Department of Education for programs and services for educable mentally handicapped children are as follows:

1. Secondary: To increase the number and quality of secondary school programs for educable mentally handicapped.

2. Preschool: To increase the number of preschool programs for educable mentally handicapped children in local and intermediate school districts.

3. Cultural Difference: To reduce the number of functionally retarded, culturally different children placed in programs for educable mentally handicapped.

4. Cooperation: To cooperate with state institutions to provide quality educational programs for educable mentally handicapped.

5. Teacher Training: To increase the number of approved teachers of the educable mentally handicapped.

The strategies of the Michigan Department of Education for implementation of the preceding objectives for programs and services for educable mentally handicapped children are as follows:

1. Secondary Programs:

   a) Encourage and support vocational counseling and evaluation centers for the educable mentally handicapped as a component of vocational area skill centers.

   b) Encourage local school districts to employ 20 more teacher consultants in secondary programs for educable mentally handicapped students.

   c) Promote boarding and lodging programs in special education centers where daily transportation is not feasible.

   d) Promulgate comprehensive guidelines for secondary programs and services for educable mentally handicapped students.

   e) Encourage local school districts to grant high school diplomas to graduates of an organized vocationally oriented secondary program for educable mentally handicapped.

2. Preschool:

   a) Encourage local and intermediate school districts to operate preschool programs and services for educable mentally handicapped children.

   b) Sponsor a statewide conference on preschool education for handicapped children.

3. Cultural Difference:

   a) Redefine educable mentally handicapped to exclude children who, due to cultural difference, are currently labeled functionally retarded.

   b) Promote re-assessment of pupils in classes for the educable mentally handicapped.

   c) Develop a set of guidelines for placement and review of cases of children referred for consideration of Type A placement.

4. Cooperation:

   a) Assist state institutions with their inservice training of teachers and instructional aides.

   b) Continue and increase cooperation with the Michigan Department of Mental Health.

   c) Establish accountability for delivery of educational services to educable mentally handicapped children in institutions.

5. Teacher Training:

   a) Promote the use of selected senior high school students as teacher assistants for elementary Type A rooms as a recruitment procedure.

   b) Revise approval standards for teachers of the educable mentally handicapped.

c) Coordinate university efforts to upgrade teacher training programs.

d) Provide consultant service to local and intermediate districts in setting up inservice training programs.

e) Assist local and intermediate school districts in screening teachers applying for emergency temporary approval.

f) Assist universities in establishing retraining programs to help convert "regular" teachers to approved special education teachers.

g) Support the intern teacher concept such as the "Educational Intern Program" in university teacher training programs.

Program Status

During the 1969-70 school year it was estimated that there were 7,336 school age trainable mentally handicapped children in Michigan. This estimate was based on the incidence rate of .003 used by the U.S. Office of Education. A more accurate estimate of the number of trainable mentally handicapped children in need of service will be available as a result of the statewide survey of handicapped children mandated by Public Act 220 of 1969.

The following table indicates the number of trainable mentally handicapped students served and the number of professional personnel employed by local and intermediate school districts in the 1969-70 school year.

Program or Service	Students Served	Professional Employed
Public School Special Class Programs	4,656	335
Institutional Programs	2,004	141
TOTAL	6,660	476

State reimbursement for locally operated Type B programs for 1969-70 was based on 75% of the salary of each teacher or 2 school aid memberships per child served whichever was the least.

State reimbursement for intermediate district operated county trainable programs was based on 75% of the approved cost of the program.

For the 1969-70 school year $5,164,820 was paid to local and intermediate school districts for the operation of programs for trainable mentally handicapped children.

In the 1970-71 school year, reimbursement of locally operated Type B programs will be based on 75% of the salary of each professional staff member or $8,100 whichever is the least.

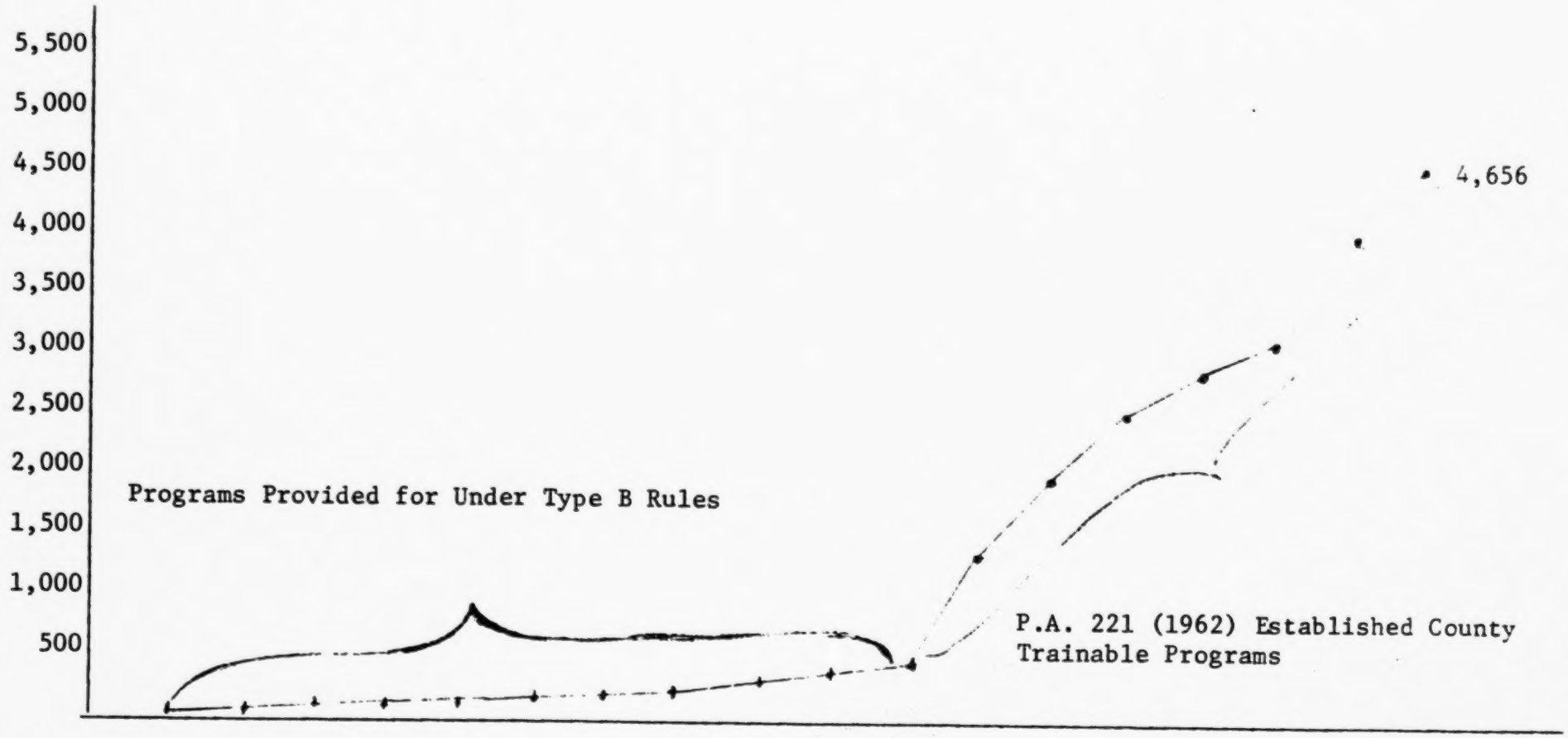
In the 1970-71 school year, reimbursement of intermediate school district operated county trainable programs will be based on 75% of the approved cost of the program.

The following graph shows the program growth and status. The graph represents numbers of children in public school programs. The dramatic impact of Public Act 221 of 1962 on school services to trainable children is evident. A trainable program is present in every intermediate school district in Michigan as of 1970.

Of the estimated school age population <u>not served</u> in public schools, the majority are found in state institutions for the retarded. The exact number in institutions is not available from the Michigan Department of Mental Health. Estimates of between 1,100 and 2,500 have been given but are of little help in determining the total service impact of trainable programs operated through the public schools. It is significant that the majority of trainable children are now served in the community and current commitments of trainable children to state institutions are confined almost exclusively to severely multiply handicapped individuals.

The savings in human and financial resources to Michigan have been tremendous.

NUMBER SERVED IN PUBLIC SCHOOL PROGRAMS FOR TRAINABLE



Evaluation

No formal statewide evaluation of the programs for trainable mentally handicapped in local or intermediate school districts has been made. There is a need for such an evaluation which could be accomplished through follow-up procedures in the implementation of Public Act 220 of 1969.

Objectives and Strategies for 1970-1971

The objectives of the Michigan Department of Education for programs and services for trainable mentally handicapped children are as follows:

1. Paraprofessionals: To increase the number and quality of paraprofessional personnel for use in programs for the trainable mentally handicapped.

2. Early Intervention: To increase the number of services offered to parents of preschool trainable children.

3. Sheltered Workshops: To increase the number of sheltered workshops where the trainable mentally handicapped may be aided to lead a productive life within the community.

The strategies of the Michigan Department of Education for implementation of the preceding objectives for programs and services for trainable mentally handicapped children are as follows:

1. Paraprofessionals:
   a) Define the role of the paraprofessional in programs for the trainable mentally handicapped.
   b) Promulgate rules and regulations to govern the use of paraprofessional personnel in trainable programs.
   c) Coordinate efforts of universities and community colleges to provide training for paraprofessionals.
2. Early Intervention:
   a) Encourage local and intermediate school districts to provide home training services to very young trainable children and their parents.

b) Promulgate rules and regulations to govern home training programs for trainable mentally handicapped children.

c) Enccurage local and intermediate school districts to operate classes for preschool age trainable children.

d) Assist universities to develop training programs for teachers of the trainable mentally handicapped in the areas of home training and preschool service.

3. Sheltered Workshops:

a) Encourage local communities to establish sheltered work facilities for the post school trainable mentally handicapped.

b) Develop guidelines for the operation of sheltered workshop programs.

CHAPTER III

PROGRAMS FOR EMOTIONALLY DISTURBED CHILDREN

Historical Background

An emotional handicap covers a range of problems for which a variety of services is required, including public school and community agency programs as well as state services. Emotionally disturbed children need a continum of hospital, clinic, and school services.

The school is a major source for early identification of children who are not making satisfactory social or emotional adjustment. Michigan was one of the first states to recognize the need to develop a prevention program. The Visiting Teacher Program was established in 1944 for early identification and referral of pupils having difficulty in personal social adjustment in school and/or home. It offered assistance to the child, the teacher, and school staff and parents. About 2% of the school membership are appropriate referrals to the preventive type service provided by school social workers.

In the late 50's, many of the problems referred to the Visiting Teacher Program appeared to be of serious nature, possibly requiring extensive treatment for which a school could not take responsibility. Waiting lists at the child guidance clinics grew longer and the number of serious cases needing residential treatment increased. There seemed to be a general need for more and different kinds of service. The Visiting Teacher Program worked with community and state agencies for referral, diagnosis, and treatment of the more seriously disturbed pupils. Visiting Teachers also assisted other school personnel in understanding and modifying school programs for individual disturbed children.

There still remained a group of children who needed specialized adjustment and classroom management beyond the scope of services provided by the Visiting Teacher or community agency. A demand on several fronts created the necessity for educators to determine the function of the school in serving

these emotionally disturbed pupils. While teachers insisted that emotionally disturbed pupils cannot be appropriately educated in a regular class, clinics and residential treatment centers were able to take responsibility for only a small percentage of these needing specialized programming and the majority remained in the regular school program or were excluded.

In 1960, Act 269 of the Public Acts of 1955, was amended to add a new Section 775a:

> "The board of education of any school district may establish and maintain educational programs and provide specialized services for resident or non-resident pupils, who, by reason of being emotionally disturbed, cannot profitably or safely be educated by the usual methods or means of instruction in the public schools. No pupils shall be enrolled in such programs except upon a certified diagnosis of emotional disturbance by competent and appropriate professional authorities acceptable to and according to standards set up by the Superintendent of Public Instruction."

This program made adaptations in the school program for emotionally handicapped pupils who present major learning problems. The program consists of a small group situtaion which maintains the best possible learning conditions for the emotionally handicapped pupil and provides the type of instruction suited to each pupil's educational development within his potential for achievement.

Any special school program should be planned to assist the emotionally handicapped pupil to return to the regular program as soon as possible. If he is unable to return within a reasonable time, a re-evaluation should be made of the school's responsibility at that time. It must be understood that the school's role is educational, not clinical.

Program Status

During the 1969-70 school year it was estimated that there were 48,912 school age emotionally disturbed children in Michigan. This estimate was based on the incidence rate of .02 used by the U.S. Office of Education. A more accurate estimate of the number of emotionally disturbed children in need of service will be available as a result of the statewide survey of handicapped children mandated by Public Act 220 of 1969.

The following table indicates the number of emotionally disturbed students served and the number of professional personnel employed by local and intermediate school districts in the 1969-70 school year.

Program or Service	Students Served	Professional Employed
Special Class Program	1,959	227
Teacher Counselor Service	1,283	91
TOTAL	3,242	318

State reimbursement for classroom programs and teacher consultant service was based on 75% of the salary of each professional staff member or $7,700 whichever was the least.

For the 1969-70 school year $2,163,365 was paid to local and intermediate school districts for the operation of programs and services for emotionally disturbed children.

In the 1970-71 school year, reimbursement of programs and services for the emotionally disturbed will be based on 75% of the salary of each professional staff member or $8,100 whichever is the least.

Evaluation

No formal statewide evaluation of the programs and services for the emotionally disturbed in local school districts has been made. There is a need for such an evaluation which could be accomplished through follow-up procedures in the implementation of Public Act 220 of 1969.

Objectives and Strategies for 1970-1971

The objectives of the Michigan Department of Education for programs and services for emotionally disturbed children are as follows:

1. Program Development: To increase the number of classroom programs for emotionally disturbed children.

2. Inservice Training: To assist local and intermediate school districts in providing their staffs with a better understanding of the

educational problems of emotionally disturbed children.

3. Evaluation: To attempt to increase the quality of programs for the emotionally disturbed through program evaluation.

The strategies of the Michigan Department of Education for implementation of the preceding objectives for programs and services for emotionally disturbed children are as follows:

1. Program Development:
   a) Assist local and intermediate school districts in the establishment of new classroom programs for emotionally disturbed children.
   b) Assist local and intermediate school districts in screening teachers applying for emergency temporary approval.
2. Inservice Training:
   a) Assist local and intermediate school districts in conducting inservice training conferences concerning the educational problems of emotionally disturbed children.
   b) Coordinate planning and operation of programs and services jointly run by public school and mental health agencies.
   c) Sponsor a statewide conference on educational problems of the perceptually handicapped and/or learning disability children.
3. Evaluation:
   a) Develop criteria for the evaluation of programs and services for emotionally disturbed children.
   b) Include emotionally disturbed children in statewide assessment program.

CHAPTER IV

SUPPLEMENTARY SERVICES

Special education services include the basic educational programs for physically, mentally and emotionally handicapped children, plus additional supplementary services. These supplementary services have a variety of functions which complement the basic programs.

Directors, supervisors, and curriculum resource consultants provide administrative leadership and program development service, while diagnosticians, school social workers, and speech correction services provide diagnosis and direct pupil services to both special education and general education students.

Although the specific functions of these personnel are varied, the overall function is that of supportive service to basic educational programs.

SPEECH CORRECTION SERVICES

Historical Background

In 1941, the Michigan Legislature amended the Michigan General School Laws to include speech correction services in the public schools. The first State Rules and Regulations written in 1941, required that each speech correctionist carry a minimum service load of 275 cases per correctionist. Because many children had defective speech, many schools initiated speech correction programs. The major contribution of these early teachers of speech correction was to find out that these children often needed hearing tests, some service for "crippled" children, or were mentally handicapped or had emotional problems.

By 1970, each speech correctionists caseload was reduced to between 75 and 100 children and the role of the speech correctionist was changing. The 1970 speech correctionist acts as a consultant to regular teachers on minor articulation problems. In addition, speech correctionists work with the severe speech problems of the multiple handicapped. Language development is a primary goal of the modern therapist.

Program Status

During the 1969-70 school year it was estimated that there were 87,500 school age speech defective children in Michigan. This estimate was based on the incidence rate of .035 used by the U.S. Office of Education. A more accurate estimate of the number of speech defective children in need of service will be available as a result of the statewide survey of handicapped children mandated by Public Act 220 of 1969.

The following table indicates the number of speech defective students served and the number of speech correctionists employed by local and intermediate school districts in the 1969070 school year.

Program or Service	Students Served	Professional Employed
Speech Correction Service	87,040	1,024

State reimbursement for speech correction service was based on 75% of the salary of each speech correctionist or $7,700 whichever was the least.

For the 1969-70 school year $6,283,315 was paid to local and intermediate school districts for the operation of services for speech defective children.

In the 1970-71 school year, reimbursement of speech correction services will be based on 75% of the salary of each speech correctionist or $8,100 whichever is the least.

Evaluation

No formal statewide evaluation of the speech correction service in local school districts has been made. There is a need for such an evaluation which could be accomplished through follow-up procedures in the implementation of Public Act 220 of 1969.

Objectives and Strategies for 1970-1971

The objectives of the Michigan Department of Education for services for speech defective children are as follows:

1. Inservice Training: To increase the number of regular teachers and speech correctionists who are knowledgeable about language development.

2. Evaluation: To develop procedures for evaluation of speech correction services.

The strategies of the Michigan Department of Education for implementation of the preceding objectives for services for speech defective children are as follows:

1. Inservice Training:
   a) Sponsor a statewide conference on language development.
   b) Assist local and intermediate school districts in conducting workshops for regular teachers in language development.

2. Evaluation:

a) Develop criteria for evaluation of speech correction services.

b) Develop procedures for evaluation of speech correction services.

THE CURRICULUM RESOURCE CONSULTANT SERVICE

Historical Background

The development of Curriculum Resource Consultant programs began with a conference on September 12, 1968. At that time, superintendents were requested to submit the name of the individual in their district who was responsible for or concerned with special education curricula. These people were invited to attend the organizational conference. Over 300 people were in attendance.

The original list of 300 was divided by geographical area and groups of 50 (from six regions) were invited to attend a one-day production workshop at the Regional Instructional Materials Center for Handicapped Children and Youth at Michigan State University. The average attendance was about 30 persons.

A second conference was held February 21, 1969 at which time the functions of a curriculum consultant were discussed and the five basic curriculum goals were presented to approximately 13[illegible] persons.

In April, 1969 a meeting of Title II center directors was held at the Instructional Materials Center with emphasis on their role and responsibilities in special education as well as the role of the curriculum resource consultant as related to an existing Title II center.

A Public Law 85-926 workshop was held from June 16 through June 20, 1969 under the direction of Dr. Donald Burke for 47 persons who hope to be Curriculum Resource Consultants in their areas at some near future date. These individuals and their immediate superiors were invited to an evaluation meeting in September, 1969. At this all day meeting suggestions and concerns were

advanced by the participants as to the specific role of and specific requirements for Curriculum Resource Consultants.

Final steps for the establishment of the curriculum resource consultant guidelines were developed by a committee in late 1969 and a Public Law 85-926 institute has been proposed for 50 selected persons with the emphasis on special education curriculum and the art of consulting. This institute was held June 15-19, 1970 under the direction of Dr. Charles Blackman, Professor of Education, Michigan State University.

Program Status

The Michigan Department of Education Curriculum Resource Consultant has been providing inservice workshops for both local and intermediate school districts. These inservice presentations have included basic goals in curriculum, specific academic areas (such as what and how to teach social studies), materials needed and their use. Meaningful-productive crafts and self-evaluation of programs have also been presented to some extent. Forty-six of these meetings were held during the 1968-69 school year with approximately 1,600 attending. About 15 have been held this fall with approximately 250 attending. Thirty-three additional workshops on various topics were held during 1970. It is expected that in the future Curriculum Resource Consultants would perform this service in their own areas.

It is expected that a Special Education Curriculum Resource Consultant will eventually be reimbursed for each regional district as the state is organized into regions. The need of a person knowledgeable of media and materials and handicapped children is clearly indicated. In addition, it is hoped that local districts may wish to hire a curriculum resource consultant for the development of their local special education curriculum and materials.

Objectives and Strategies for 1970-71

The objectives of the Michigan Department of Education for curriculum resource consultant services are as follows:

1. Service Growth: To increase the number of trained curriculum resource consultants.

2. Inservice: To improve the training level of existing curriculum resource consultants.

3. Service Status: To include curriculum resource consultant services within reimbursable program costs.

The strategies of the Michigan Department of Education for implementation of the preceding objectives for curriculum resources consultant services are as follows:

1. Service Growth:

   a) Continue to sponsor institutes and workshops for curriculum resource consultants.

   b) Assist universities to establish training programs for curriculum resource consultants.

2. Inservice

   a) Assist intermediate school districts in operating inservice training programs on materials and media for special class teachers on a regional basis.

   b) Sponsor follow-up institutes and workshops for existing curriculum resource consultants.

   c) Develop administrative rules and regulations to govern the use of curriculum resource consultant services.

DIRECTORS AND SUPERVISORS OF SPECIAL EDUCATION

Historical Background

Section 340.780 charges the State Board of Education through the Superintendent of Public Instruction with providing general supervision to all programs for handicapped children. In 1965, the Senate Education Committee conducted an extensive study on the education of handicapped children in Michigan. The report resulting from this study recommended strongly an increase in the leadership and supervision provided to special education programs. Based upon this legislative acknowledgement, the

Michigan Department of Education was able to secure endorsement and support for expansion of its own special education staff plus reimbursement for directors and supervisors of special education at local and intermediate levels.

Program Status

The following chart indicates the growth of approved personnel providing leadership in special education at the local and intermediate school district level since the initiation of state reimbursement for these positions.

	1966-67	1967-68	1968-69	1969-70
Directors	72	89	96	104
Supervisors	45	67	76	81
Total	117	156	172	185

Objectives and Strategies for 1970-1971

The objectives of the Michigan Department of Education regarding directors and supervisors of special education programs and services are as follows:

1. Communication: To keep the directors and supervisors knowledgeable about Michigan Department of Education policies, procedures, and rules and regulations concerning special education programs and services.

2. Training: To increase the quantity and quality of approved directors and supervisors of special education in local and intermediate school districts.

The strategies of the Michigan Department of Education for implementation of the preceding objectives regarding directors and supervisors of special education programs and services are as follows:

1. Communication:

   a) Establish formal as well as informal communication links with the statewide organizations of the directors and supervisors of special education.

b) Michigan Department of Education staff will attend all meetings held by the statewide organizations of the directors and supervisors of special education.

c) Establish a newsletter to inform local and intermediate directors and supervisors of Michigan Department of Education policies, procedures, and rules and regulations concerning special education programs and services.

2. Training:

a) Encourage directors who are approved by the grandfather process to upgrade their status to full approval.

b) Assist universities in the provision of initial training and inservice intern training to meet the requirements for full approval as a director or supervisor of special education.

OCCUPATIONAL THERAPY AND PHYSICAL THERAPY

Historical Background

In 1922, the Ann J. Kellogg School in Battle Creek was the first program for physically handicapped children to employ physical therapists. The role of the physical therapist was to provide the prescirbed physical exercises in order that the child's physical defect would interfere as little as possible with his educational program.

In 1931 the first school room designed especially for occupational therapy was built in the Walnut Street School in Lansing. The role of the occupational therapist is to provide prescribed activities designed to help each child learn the activities of daily living necessary for him to benefit to the highest degree possible from his educational program.

By 1945 both physical and occupational therapists were reimbursable, using the funds provided in three extra state aid memberships paid to the local district for each physically handicapped child enrolled in an

approved program. In 1969-70, the method of reimbursement was changed to a flat grant basis of 75% of each occupational or physical therapist's salary or $7,700 whichever was the least.

Due to the changing nature of occupational and physical therapy services many school districts have found it more efficient and economical to contract for these services. The current reimbursement formula does not allow for payment for contracted services and this has proved detrimental to the development of occupational therapy and physical therapy services.

Program Status

During the 1969-70 school year 53 physical therapists served 1,060 children and 36 occupational therapists served 720 children.

In the 1970-71 school year, reimbursement of physical therapy and occupational therapy services will be based on 75% of the salaries of each physical therapist or occupational therapist or $8,100 whichever is the least.

Objectives and Strategies for 1970-1971

The objectives of the Michigan Department of Education for physical therapy and occupational therapy services are as follows:

1. Reimbursement: To make physical and occupational therapy available to all physically handicapped children who need the service through reimbursement of contracted service costs.

The strategies of the Michigan Department of Education for implementation of the preceding objectives for physical and occupational therapy services are as follows:

1. Reimbursement:

   a) Develop recommendations for reimbursement of contracted services to be submitted to the 1971 Legislature.

OTHER SERVICES

At the present time, diagnostician services and school social work

services are both funded from the state as a part of the appropriation for special education services. Diagnostician services are directly tied to programs for the mentally handicapped. School Social Work services are a part of the services for the total school population including handicapped children. These two services are now a part of pupil services of the Curriculum Division of Bureau of Education services. For this reason, this report presents only the current status of these services. Complete reports on these services will be more fully detailed in the report from the Curriculum Division.

STATUS OF DIAGNOSTICIAN SERVICES

In the 1969-1970 school year, 323 diagnosticians received $2,090,000 in state special education funds.

State reimbursement for diagnostician service was based on 75% of the salary of each diagnostician or $7,700 whichever was the least.

In the 1970-71 school year, reimbursement of diagnostician services will be based on 75% of the salary of each diagnostician or $8,100 whichever is the least. This represented 5 per cent of the total special education categorical aid of $41.25 million. It is estimated that Michigan could use 169 additional diagnosticians if it is to reach the recommended service level of one diagnostician per 5,000 school age population.

STATUS OF SOCIAL WORK SERVICES

In the 1969-1970 school year, 619 school social workers received $4,010,072 in state special education funds.

State reimbursement for school social work service was based on 75% of the salary of each school social worker or $7,700 whichever was the least.

In the 1970-71 school year, reimbursement of school social worker services will be based on 75% of the salary of each school social worker or $8,100 whichever is the least.

This represents 9 percent of the total special education categorical aid of $41,25 million. It is estimated that Michigan could use 365 additional school social workers if it is to reach the recommended service level of one school social worker per 2,500 school age population.